DOCUMENT RESUME

ED 231 125 EC 152 000

AUTHOR Marchionne, Anne
TITLE Early Childhood Autism.
PUB DATE [82]
NOTE 37p.
PUB TYPE Information Analyses (070)

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS *Autism; Definitions; *Educational Therapy; *Etiology; History; Literature Reviews; *Theories; Trend Analysis

ABSTRACT

The author traces autism from recognition of the disability by E. Bleuler in 1906 to the present, noting changes, similarities, and differences in the copious amont of research. After a poem by Neil Diamond and a glossary of terms, the author describes the views on autism held by E. Bleuler, L. Kanner, L. Bender, M. Mahler, F. Kallmann, B. Bettelheim, B. Rimland, M. Rutter, M. Kozloff, and O. Lovaas, and briefly notes the proponents of the genetic, constitutional, and psychogenic beliefs about etiology. Next, to delineate current trends from 1973, views and treatments of the following persons are described: C. Delacato, B. Kaufman, J. Alvin, and R. Sullivan. Twelve educational and public advancements from 1973 to the present are outlined including P.L. 94-142 (the Education for All Handicapped Children Act), strategies such as sign language, changing attitudes, and a checklist of behavioral signs and symptoms established by the National Society for Autistic Children for diagnostic purposes. Included in a resource packet are a bibliography, a list of nine organizations (with addresses and telephone numbers), a description of the Autism Hotline, and personal comments on the author's experience teaching autistic children as well as remarks aimed at teachers. (MC)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☑ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

ED231125

EARLY CHILDHOOD AUTISM

BY: Anne Marchionne
4745 West Berenice
Chicago, IL 60641
(312) 736-9135

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

Anne Marchionne

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

EC152000

INTRODUCTION

In 1943 Leo Kanner published his classic paper describing the bewildering disturbance of behavior in children which he called "early infantile autism." Since that time, forty years ago, these children have received attention from people of diverse backgrounds such as: teachers, physicians, psychologists, psychiatrists, parents, social workers, neurologists, dentists, musicians, geneticists, speech pathologists, dieticians, sociologists, and more. The vast volumes of literature that is available on autism seems endless. I have designed this paper to identify and share the patterns of progress and current trends in the area of autism. I have traced autism from its early period of development or its roots up to the present. I also made notations of the changes, similarities, and differences reflected in the wide area of research done on autism. It is my privilege to share with you a most interesting and valuable area of concern.

After many hours with my eyes buried in loads of literature on autism I was able to make one important conclusion to begin with -- the study of autism still remains one of the most difficult developmental disabilities to understand. There is no universal technique used to work with autistic children and the cause remains unknown. There have been many victories with autistic children, but there still is not set program for the autistic child. I brought this point up early in the paper because it is of extreme value to all of us. Instead of looking at autism in a negative light and looking for the bottom line answer to why it occurs and what it is caused by, it is more important to open our eyes postively and work with what we do know. Of course, it is also important to keep up on research, but as teachers we will need to know some ways of working with these children. This topic should be of concern to all people, not just teachers. I mention this point as

well because current research in all areas, or as many as possible, should be examined by all of us.

To begin our journey into this interesting area of study I would like to share a beautiful poem by Neil Diamond which reflects the autistic child perfectly.

"SHILO"

Young child with dreams,
Dream every dream on your own.
When children play,
Seems like you end up alone.
Papa says he'd love to be with you,
If he had the time.
So you turn to the only friend
You can find,
There in your mind.[1]

[1] Kauffman, James M. & Hallahan, Daniel P. Exceptional Children : Introduction to Special Education. New Jersey: Prentice Hall, Inc., 1982. P. 141.

I. GLOSSARY OF TERMS

A. Workable Definition of Autism:

Before attempting to introduce the developments, progressions, and current trends in the study of autism we must first establish a workable definition of autism. This is a difficult task because there are many different definitions of autism. Infantile autism or early childhood autism has been labeled different things by different people, but all of them agree on one aspect of the problem. They agree on the collection of symptoms and behaviors associated with autism. Of course, there are a few theorists who may add or subtract some of the symptoms or behaviors, but universally certain characteristics are established. Our definition will be the behaviors or symptoms, this is just so the word does not cause confusion. Autism is referred to as a disturbance, syndrome, disease, and other terms. Because of the vast differences in definition the characteristics are easier to use as a foundation of understanding autism. These symptoms and behaviors fall under the following categories.

1. Antisocial and aloof patterns of activity.
2. Hypnotic Preoccupation with spinning and rocking of the body or objects.
3. No verbal communication and sometimes no prelinguistic gestures.
4. Rocking and repetitive movements.
5. The appearance of looking through people.
6. Fascination with inanimate objects.
7. No anticipatory gestures when being approached or picked up.
8. Self-stimulating and unresponsiveness.
9. Desire for sameness and pushing off from physical contact.
10. Often the appearance of being deaf or mute.
11. Sometimes there are self-destructive behaviors present

such as banging of the head or other body parts. Keep in mind that autism is an illness that is not defined by origin or cause, but by these symptoms or behaviors.

B. Related Terms:

Now that a basic understanding of autism is developed it is necessary to also have a general knowledge of some of the terms which are interrelated to autism. I have formed a glossary of terms which either appear in this paper or are directly related to autism. The terms essential to the discussion of autism are:

1. Aphasia - Inability to understand and/or use language meaningfully.

2. Behavior Modification Techniques - This is a technique where there is rewarding of desired behaviors and punishment of undesired behaviors as they occur.

3. Childhood Schizophrenia - A childhood disorder characterized by onset after age five, consisting of unusual body movements, extreme emotional abnormalities, and perceptual distortion.

4. Echolalia - The parroting of words exactly as they are heard. This is common of many autistic children.

5. Echolalic Language - Inappropriate language development in autistic children.

6. Gaze Aversion - Autistic children rarely engage in eye contact resulting in covering of the eyes or flight behaviors.

7. Isms - These are the ritual behaviors of rocking, spinning, and finger flapping. These are also termed self-stimulating activities.

8. Mutism - An emotional state in which the patient seems unable, or refuses, to speak.

9. Organic Disorder - A predisposition to the development of schizophrenia and early infantile autism, showing gross manifestation of psychosis.

10. Pathology - The study of the essential nature of diseases and especially of the structural and functional changes produced by them.

11. Proximal Receptors - Smell, touch, and taste become more important to autistic children rather than auditory or visual receptors.

12. Psychic Energizers - A controversial approach of using ritalin and dexedrine to treat autism through drug use.

13. Psychosis(Psychotic) - Fundamental mental derangement characterized by defective or lost control and contact of reality.

14. Seizures - Sudden paroxysm(fit or attack) or convulsion.

15. Syndrome - A group of signs and symptoms considered together as characteristic of a particular disease.

II. AUTISM: EARLY PERIOD OF DEVELOPMENT

A. Early Views or Beliefs of Autism - Following is a list of early views on autism:

1. Bleuler's View - In 1906 the six letter word A-U-T-I-S-M was first used by the Swiss psychiatrist Eugene Bleuler. He saw autism as an active withdrawal from contact with reality in order to live in an inner world of fantasy. He compared this withdrawal to the world seen in adult schizophrenia patients. Although the schizophrenic is quite different from the autistic child, both share the similarity of an apparent preference to the inner world rather than external reality. Bleuler felt that autism was part of childhood schizophrenia.

2. Kanner's View - In 1943, Leo Kanner first described

eleven children who shared the bizarre behavorial characteristics he labeled autistic. Kanner was a child psychiatrist at John Hopkins University. He was the first to describe symptoms of early infantile autism which he sharply differentiated from childhood schizophrenia. He argued that autistic children showed certain characteristic behaviors from birth, whereas schizophrenic children showed at least two years of normal developmental behaviors. Note that Kanner's view differs totally from Bleuler's. Leo Kanner differentiates autism from chidhood schizophrenia and Bleuler's early view is based on the idea that autism and childhood schizophrenia are one in the same.

In Kanner's initial paper on autism, which is titled "Autistic Disturbances Of Affective Contact," he describes the symptoms or behaviors he finds characteristic of autism. These are:

1. A profound lack of affective contact.- He said that the autistic child showed an inability to relate to others. They preferred aloneness.
2. Fascination for objects.
3. Failure to develop language.- Some of the children were mute and others showed delayed echolalia.
4. Obsessive desire for the preservation of sameness.
5. Physically normal.
6. High incidence of autistic children in families of upper socioeconomic status and high intelligence.

7. Lack of anticipatory action in preparation for being picked up.

8. Behaviors present from birth.

9. Ethnic origin of patients primarily Jewish or Anglo-Saxon.

10. Signs of excellent rote memory.

11. Obsessive behaviors such as rocking, spinning, and making noises.

12. Response to sounds or music.

Researchers found many examples of children in the 1700's and 1800's who were probably autistic, but were left unknown at the time. It was not until Leo Kanner described this syndrome that autism became a diagnostic category.

3. Bender's View - In 1947, Lauretta Bender used the term "childhood schizophrenia" to represent autistic children. She theorized that these problems were genetic defects which were inherited.

4. Mahler's View - In 1952, Margaret Mahler coined the diagnostic term "symbiotic psychosis." This means that her interest centered around mother-child pathology. Mahler felt that autism was part of childhood schizophrenia just as Bleuler, Bender, and some others that followed her. The differences in her theory were that she felt that this syndrome was not necessarily inherited, but was somehow due to prenatal or perinatal predisposition.

5. Kallmann's View - In 1952, Franz Kallmann described his view of autism. He felt autism had to do with hereditary or genetic components. He also did most of his work under the heading of childhood schizophrenia.

6. Bettelheim's View - In 1956, Bruno Bettelheim established his view of autism. He was representative of the psychogenic school of thought which will be discussed later. He felt the source of the problem was parental pathology. In his book The Empty Fortress(1967) he describes one infant he works with and stems the child's unresponsiveness to the mother and her disposition. Bettelheim worked with autistic children for thirty years at the University of Chicago Orthogenic School. He was a psychoanalyst. Some of Bruno Bettelheims other beliefs on autism are:

    1. Therapy of these children must take them out of the family environment. - This would isolate the autistic child from the source of the disease.

    2. Early nuturing and early experience by the parents explain the emergence of autism.

    3. "Parentectomy" - This means complete removal of the child from his parents and treatment in a residential setting with parent substitutes.

    4. Environmental causality - Bettelheim views autism as a withdrawal from a rejecting and frustrating world.

    5. Psychoanalytic View - This is what Bettelheim based his view on.

7. Rimland's View - In 1964, Bernard Rimland Ph.D. described autism by a set of behaviors that greatly overlapped those described by Leo Kanner. Some of the behaviors Rimland described are:

    1. Autistic aloneness. - This is characterized by staring into space and a lack of reaction to sounds.

2. Serious difficulty in toliet training.
3. Serious feeding problems.
4. Repetitive behaviors.
5. Lack of social intelligience.
6. Echolalia.- echoeing of words spoken by others.
7. Responds to music or sounds.

Bernard Rimland founded the National Society for Autistic Children in 1965. His theory and commitment to the study of autism is closely related to Leo Kanner's view. Kanner and Rimland knew each other quite well. They both agreed that infantile autism is a separate and distinct syndrome from other developmental disorders. To treat autism Rimland advocated the use of water-soluable vitamins. This is also called megavitamin therapy.

8. Rutter's View - In 1971, Dr. Michael Rutter used behavior modification as therapy with autistic children. This type of therapy is often compared to play therapy. Behavior Modification has been extremely successful with autistic children. This therapy is based on a learning theory, and it focuses on external circumstances. The cause of the child's condition is unimportant with this treatment. The treatment is aimed at teaching these children how to play and speak. The method of therapy in behavior modification follows a series of steps, which are:

    1. The behavior therapist defines the symptoms to be modified. - This can be a behavior or symptom to be produced or eliminated.
    2. The cues or stimuli which produce the behavior are identified.

3. A design for therapy is prepared.

4. Use of positive and/or negative reinforcement to produce behaviors in the child or eliminated behaviors in the child are used.

9. Kozloff's View - In 1973, Maring Kozloff used Social Exchange Therapy with autistic children. He describes autism as a set of behaviors which can be modified. He feels that the behavior is an exchange in which the autistic child and his parents participate. These exchanges can be initiated by the parents and the child reciprocates. Rewards are physical such as hugs, kisses, and rubbing the childs back. He initially teaches approaches to the parents in a clinic and later the program moves to the home. He felt the parents were important and that residual or institutionalized care would only make the problem worse. Note that Bruno Bettelheim believes the opposite. Several other theories revolved around this Social Exchange Therapy after Kozloff. Different names have been used for this therapy such as Developmental Therapy, Home Based Therapy, and Parent-Child Therapy.

10. Lovaas's View - In 1973, O.I. Lovaas described his theory on autism. Lovaas did work from early in the 1960's, but did not write his book, The Autistic Child, until 1977. He looks at one of the most important aspects of the autistic child: LANGUAGE DEVELOPMENT. His theory is excellent in the eyes of many parents today. He feels that the autistic child can learn language through behavior modification which was discussed earlier. There were many

theorists who advocated behavior modification, but O.I. Lovaas had the most success in using this form of therapy enhance language development in autistic children. When we look at the current trends, withing the last ten years, you will learn how Barry Kaufman uses this technique in his method of therapy with his own son who is autistic.

Keep in mind that only 50% of autistic children develop speech, half of them remain mute or echolalic. O.I. Lovaas feels that in treating autistic children the program assumptions should be made systematic and motivating. He feels that the problem is that autistic children fail to acquire language because of a deficient motivational structure. His program consists of eight subprograms arranged from simple to complex with some overlap in various areas. The eight program areas are:

1. Program 1: Building Verbal Responses. Imitation of verbal utterances is done. The productions are generally echolalic but this is the beginning.

2. Program 2: Labeling. - Basic vocabulary is taught so that the child can label everyday objects.

3. Program 3: Relationships, - The focus of this program is spatial relatioships, time concepts, pronouns, size, shape, and other abstract relationships.

4. Program 4: Conversation. - Child learns to ask and answer questions.

5. Program 5: Information. - The child gains information about his/her environment.

6. Program 6: Grammatical Skills. - This becomes more complex.

7. Program 7: Recall. - The child learns from past events and uses recall.

8. Program 8: Spontaneity. - This is where the child does not have specific responses, but choices.

There is no way to cover ever past view, but I tried to give you a well rounded look at views on autism early in time. In the beginning, even before Bleuler used the word autism people had signs of this type of problem. In the past there was no therapy at all, they just institutionalized these people. We have come a long way. I have covered up to 1973 because the next section on current trends will deal with the last ten years. I found it marvelous to look at all the developments and notions each person contributed during the early period of growth in the area of autism. I am sure you have already noticed that the etiology or the treatment of early childhood autism are still subjects under research. There is not a clear cut route when dealing with an autistic child. There are many views and many treatments. In the next section when we deal with current trends you will notice a certain amount of tightening up in terms of material and views on autism, but there still are questions left to ponder. Also, you will be able to contrast the early developments with the current trends. We live in a time where research is rapid and many new things develop each day, we must stay abreast of the new trends. We must also be able to see the past developments. The list of views you just read should give you a good idea of what we are dealing with now.

B. <u>The Major Beliefs About Etiology.</u> - Etiology means cause or origin of a disease or syndrome. There are four major beliefs about the etiology of autism and they are:

1. <u>Genetic.</u> - Autism is due to inherited defects. (This is represented by Kallmann and Bender.)

2. <u>Constitutional.</u> - Autism is a prenatal or prinatal predisposition not necessarily due to heredity. (This position is represented by Mahler and Rimland.)

3. <u>Psychogenic.</u> - Autism comes from serious psychological influences in the child's early environment. This view is sometimes called, "blaming the parents" (This position is represented by Bruno Bettelheim.)

4. Multiple Combinations. - These believe that autism may include all of the above factors plus other unknown at this time. (This can be represented by Kanner and Rimland.)

III. AUTISM: CURRENT TRENDS FROM 1973-PRESENT

Symptoms of autism occur in approximately 15 out of every 10,000 births, and are four times more common in males than females. I am a member of the National Society for Autistic Children (NSAC) and it is absolutely amazing how much material is available on childhood autism. The statistic of occurance above is approximate, but it gives you an idea of how many children, currently, show signs of autism. I have not been a member of this society more than six months, but I have read quite a bit of the literature they have available in the field of research on autism. Of course we never know everything. This section of the paper deals basically with the new trends from 1973 until today. I feel that it is essential that teachers become involved in exploring areas such as autism. To me, all children are important. We must explore different areas of child development in order to understand more fully what is out in the world to deal with today.

One large step taken during this ten year period was the addition of a new law: Public Law 94-142 in 1975. The primary reason for this law was to insure that every child be provided with a free and appropriate public education. So, educationally we have really grown. In order to implement this law properly it was necessary to provide administrative, social, and clinical services for the autistic child.

One other major accomplishment since early times has been to release parents from being held hostage by the psychoanalytic view on autism which considers parents as the central cause of autism. I spent a long time researching the current

trends because they are extremely important to us right now. I hope you will enjoy the material as much as I did.

A. Autism; Contemporary Views and Methods of Treatment:

1. Carl Delacato. - In 1974, Carl Delacato published his book titled The Ultimate Stranger: The Autistic Child. His book describes autism as a sensory distortion and he he claims that therapy should be perception-oriented. Delacato is more concerned with the cause of the problem. He made the following conclusions about the cause or origin of autism:

    1. Autistic children are brain-injured, not psychotic.
    2. This brain-injury causes perceptual dysfunction.
    3. The repetitive behaviors are symptoms of brain-injury.

Carl Delacato felt that treatment must proceed in two stages:

1. Stage 1: Survival Stage. - This stage was meant to enable the child to pay attention to other things besides objects. This is done by the use of:

Use of the 5 senses
- A. Tactility Activities.(TOUCH)
- B. Smell Activities.(SMELL)
- C. Taste Activities.(TASTE)
- D. Visual Activities.(SIGHT)
- E. Auditory Activities.(HEARING)

He repeats over and over again that most important is treating the cause of autism, which he felt was a sensory problem. This theory opens up one more area of beliefs that should be added to our four basic ones mentioned in the last section. The other four mentioned before were genetic,

constitutional, psychogenic, and multiple combination.

Another one we can now add is:

> Sensory or brain related basis. - This view can be represented by others besides Delacato. Dr. Michael Rutter who was discussed earlier did a later study and agreed with Carl Delacato. Rutter felt autism was a problem resulting from sensory-motor dysfunction. The difference is that Rutter used behavior modification as therapy.

Delacato makes one beautiful statement in his book that is important to all of us:

> "These children can teach us so much, not only about other children with lesser problems, but also about all children -- and in the end, perhaps, about behavior in general.[2]"

2. Barry Neil Kaufman.- Barry and Suzi Kaufman came about with a unique theory. This was the Option Method which was explained in Barry Kaufman's book in 1976. This is a landmark among developments in autism treatment. Barry and Suzi Kaufman had a beautiful son, Raun Kahlil Kaufman, who was autistic. Experts offered little hope to them, but they intervened early in Raun's life and participated in the journey to reach their child. They used a method of treatment which mainly involved attitude, a concept not dealt with before. They have written many books on autism during the 1970's and continue to write about their work now.

---

[2]Delacato, Carl. The Ultimate Stranger: The Autistic Child. New York: Doubleday & Company, Inc., 1974. P. 161.

Among other things they also brought out one other very important concept, parent attitudes. They had to face the feelings themselves and share their experience with the reader. Many early theorists overlooked the parents or blamed the parents for the problem. Barry and Suzi Kaufman share with us the value of parent attitudes and involvement.

Barry Neil Kaufman wrote a personal narrative about his family's struggle to reach Raun, titled Son-Rise. His work with autistic children other than his own son have been existent since 1976 and he still currently works with autistic children. Suzi Kaufman also works with autistic children. The Option Method is a dynamic process of beliefs that the Kaufmans used to treat their son and others. The method is best explained by the following passage:

> "More than just a tool or technique to solve problems. The Option Method: philosophical, but not just a philosophy; therapeutic, but not just a therapy; educational, but not just an education. A willingness to accept in order to see. To want in order to get. To become in order to just be.[3]"

Their program is based on the following:

1. Attitude; "To Love is to Be Happy With."
2. Stimulation - through imitation.
3. Respect - respect of the child as an individual.
4. Option Facilitator - they must be child-oriented.
5. Involvement - time and quality involvement.
6. Dedication,
7. Early Intervention.

---

[3]Kaufman, Barry Neil. Son-Rise. New York: Harper & Row, Publishers, 1977. P. 45.

The Kaufmans used behavior modification and other methods of teaching with Raun. Lovaas, who was discussed earlier, also uses this method of treatment. The Option Method has many outstanding implications for the education of the autistic child. They open up a method to the public which has worked with many children. They have dedicated their lives to helping these children, I only hope that I can someday contribute to progress what they have given us. A true gift.

3. Juliette Alvin, - Alvin wrote a book on music therapy for the autistic child which was published in 1978. If you recall Leo Kanner and Bernard Rimland both mentioned the autistic childs response to sound or music. Juliette Alvin presents her theory that by offering musical experiences to the child it may enhance the innate creativity most autistic children have. The whole idea behind this type of therapy is to activate a number of mental and cognitive processes, and possibly even fill an emotional need for the autistic child.

Sound has a lot of power to it. Juliette Alvin uses the following techniques with autistic children as a means of communication and creation of relationships of different kinds. The techniques are:

1. Receptive Techniques, - These include the two auditory processes of hearing and listening. Receptive techniques have proven to reach the autistic child very deeply, but exactly how and why is still unknown. One aspect of music must be mentioned here: choice. Many studies have been made with autistic children and they seem to experience the most

pleasure from some diverse types of music. The most popular types are:

A. Mozart.
B. Handel.
C. Cradle songs by Chopin and Schubert.
D. Jazz.

2. Environment Techniques. - Physical environment is important. There should be good acoustics, but the room should not be overstimulating.

3. Physical Contact Techniques. - Some direct communication should be used. Such as clapping hands together or playing the piano with the child on your lap.

3. Active Techniques.-Little by little the music therapist should become part of the activity. The active techniques include two stages, they are:

A. Stage One: The child is given contact with instruments, the therapist, and his or/her voice. Also included in this stage is the use of melody and rhythm.

B. Stage Two: The aim of this stage is to give the child perceptual and motor awareness. This stage includes group activities, one-to-one activities, and dance.

Juliette Alvin believes that the musical achievement of the autistic child is best measured by the human satisfaction the child expresses. Following is a note made in Alvin's book by a mother of an autistic child:

> "Music therapy as I saw it applied by Miss Juliette Alvin on my own autistic daughter was initially a controlled stimulation, then the means of opening a door to senses before then untapped, thereby reaching levels of intelligience and provoking responses which enabled the therapist to offer

greater challenges of performing and understanding to an hitherto underperforming child. Then, not to forget a most important aspect, the child thoroughly enjoyed doing it.[4]"

The Option Method used by the Kaufmans included music therapy just as Juliette Alvin suggests. This form of therapy has proven to work excellently with autistic children.

4. Ruth Christ Sullivan. - In 1979 Ruth Christ Sullivan spoke of siblings of autistic children. Sullivan is the editor of Parents Speak which is a part of the Journal of Autism and Developmental Disorders. In this article Sullivan asks some brothers and sisters about their feelings towards their autistic brother or sister. Some of the main points brought out by siblings were:

1. Feelings of helplessness.
2. Unhappiness with the way other people talk or act towards their autistic brother or sister.
3. Anger at times because the autistic child receives all the parental attention.
4. Feelings of stress on the whole family.
5. Devotion to the area of autism. - One of the girls interviewed began teaching autistic children herself.
6. Feelings of togertherness in the family system. - Many of them said this because you must work together as a family.

---

[4] Alvin, Juliette. Music Therapy for the Autistic Child. New York: The Oxford University Press, 1978. P. 118.

7. Wishes that the brother or sister was normal.

8. Feelings of obligation and duty to take care of the autistic brother or sister.

9. Feelings of sadness at times.

10. Feelings of grief.

I would like to place my own notation here. Many people when faced with a crisis go through stages of denial, anger, bargaining, grief, depression and finally acceptance. It depends on the person and the particular situation. Parents must be aware of the other siblings feelings, as well as, the autistic child. Also, parent attitudes toward the situation are very important.

B. Educational and Public Advancements from 1973-present:

During the last ten years the philosophy and practices in the whole area of special education have changed. Some of the achievements which have occurred in the last ten years are:

1. 1975- PL 94-142.- The passage of Public Law 94-142 which has raised many issues in special education and caused many changes was passed in 1975. Some of the many changes in terms of autism were:

   A. In 1975 autism was included in the Developmental Disabilities Constitution Services Amendment(DDSA).

   B. Start of training programs in the area of autism were begun, such as TEACCH (The Treatment of Autistic and Related Communication of Handicapped Children's Program.). This program used parents as co-therapists.

   C. DDSA, mentioned above, passed a legislation which required deinstitutionalization for the autistic child/person whenever possible.

2. New strategies for dealing with autistic children were formed. - Such as:

   A. Sign language, - Used with mute autistic children.
   B. Examination of drawings.
   C. New forms of therapy.

3. Additional parent involvement. - In the past, parents were usually left out of the programs. For example, Bruno Bettelheim did not use parent involvement at all in the treatment of autistic children. Barry Neil Kaufman's method centered around the parents as teachers.

4. Siblings of autistic children have come into concern.

5. Importance of play for autistic children. - Susan McHale and Wanda Boone are currently studying play in the autistic childs life. They plan to publish a booklet soon.

6. Involvement from people in general. - A good example of this is the involvement of actress Joanne Woodward in the NSAC school in California for autistic children. She volunteers much of her time there.

7. Social attitudes are changing somewhat in terms of autism. - For example, twenty or thirty years ago no one would openly admit that they had an autistic child if they were in the limelight. Here is an example of how this has changed.

   Tribune -(February 17, 1983) - Article in the Tempo section deals with Jacqueline Susann(author). She died in 1974, but her husband reports about their autistic son, Guy. He was born in the 1950's when attitudes were different. Their son was institutionalized at a young age and given electric shock treatments that made the problem worse. Guy is now in his

mid-thirties and remains in an institution. We sure are progressing.

8. Interdisciplinary orientation is taking place. - Currently, autism is being studied by varied groups. All the diverse theorists are beginning to work together. In the past, people of diverse backgrounds studied autism, but separately.

9. A checklist of behavioral signs and symptoms have been established by the NSAC for diagnostic purposes. - The NSAC has formed a checklist of fourteen behavioral signs and symptoms for use as a diagnostic tool. They point out that although no single item is significant alone, if a child exhibits seven or more of the traits listed he/or she should be tested for autism. The fourteen behavioral signs and symptoms are:

   A. Difficulty in mixing with other children.
   B. Acts mute or deaf.
   C. Resists learning.
   D. No fear of real dangers.
   E. Resists change in routine.
   G. Inappropriate laughing and giggling.
   H. Not cuddly.
   I. Marked physical overactivity.
   J. No eye contact.
   K. Inappropriate attachments to objects.
   L. Spins objects.
   M. Sustained odd play.
   N. Standoffish manner.

10. IQ scores are being studied, - In IQ testing there is a wide variance among scores with autistic children. It has been found that many autistic children have distinct skills in math, music, and doing jigsaw puzzles. This area is still being studied.

11. NINCDS Studies.- The National Institute of Neurological and Communicative Disorders and Stroke is studying different methods for training autistic children in language and communication skills. There have been no conclusions made as of yet, but it should be an interesting development in the future.

12. Use of drug therapy, - Drug therapy is being used with other therapy to help autistic children. Drug therapy is used in addition to other forms of therapy, not alone. Bernard Rimland used megavitamin therapy. There are mixed feelings among theorists on the use of drugs with autistic children. What are the drugs used for and what types of drugs are used? The following:

    A. For aggressive behavior, - Some major tranquilizers are used to control aggressive behavior, such as: Thorazine, Mellaril, Stelazine, and Prolixin. Stelazine and Prolixin have been found to be most effective in young autistic children.

    B. Withdrawn Behavior. - Isolated behavior is seen often in autistic children. Drug therapy has been found useless in treating withdrawn behavior in autistic children.

    C. Epilepsy. - Epilepsy occurs frequently in autistic children. These children have seizures which are treated by the use of anticonvulsants.

13. Early Intervention.

14. Diet Intervention. - Many doctors are studying the effects

diet has on the autistic childs behavior. Certain foods have been found to cause hyperactivity, such as chocolate. There have been tentative conclusions made on this type of treatment, but it is still being studied today.

I have given you the basic foundation of current trends and events up to the present. There have been many improvements in services, medical diagnosis, and care for the autistic child in the last few years. Still, one lesson that remains clear is that there still is room for more developments in the future. Hopefully, each of us can contribute and put a helping hand into the future of these children.

IV. WHERE TO GET HELP, SUPPORT AND INFORMATION ON AUTISM

I have had the opportunity to come into contact with many useful services for people who are interested in autism. Following are five pages marked "PACKET" at the top of each page. These are materials I have collected which will be shared with the class. They are part of the paper, but I will also make copies to hand out to the other students in Current Trends class. It is important that I share the information I have compiled with them so they can use it for future references. Included is a list of books available on autism, tapes, and support groups.

BIBLIOGRAPHY: BOOKS FOR PARENTS OF AUTISTIC CHILDREN

Reading can be a wonderful way for parents to cope with the many problems they will face with raising an autistic child. Here is a book list of the many excellent resources available on autism. I have selected these books with a cautious eye and found them to all be excellent. The books are varied and give good insight on current progressions and early development of childhood autism. It is extremely important for parents of autistic children to become involved and find therapeutic tools for dealing with their child. This book list is also valuable for teachers, other family members, and anyone else who is interested in the topic of autism.

Alvin, Juliette. Music Therapy For the Autistic Child. London: Oxford University Press, 1978. PP. 118. Summary: This book deals with a music therapy and its short and long-term accomplishments with autistic children.

Bachrach, A.W.. Developmental Therapy for Young Children With Autistic Characteristics. Baltimore: University Park Press, 1978. Summary: Gives a good solid set of characteristics to work from.

Bettelheim, Bruno. A Home For the Heart. New York Knopf Press, 1974.

Bettelheim, Bruno. Love is Not Enough. New York: Macmillan Company, 1950. Summary: This one is for all of us.

Bettelheim, Bruno. The Empty Fortress. New York: The Free Press, 1967. PP. 784. Summary: This book deals with infantile autism and the birth of self. Cost for paperback: $6.95.

Bettelheim, Bruno. Truants From Life. New York: The Free Press, 1955. PP. 511. Summary: Case histories of children with a variety of emotional problems.

Carlson, C.F. & DesLauriers, A.M. Your Child Is Asleep. Homewood, Illinois: The Dorsey Press, 1969. Summary: About a child who is autistic.

Coleman, M. The Autistic Syndromes. Amsterdam: North Holland, 1976.

Copeland, James and Hodges, Jack. For The Love of Ann. London: Arrow Books, 1973. Summary: A beautiful narrative about an autistic child. This is a great primer for the uninformed.

D'Ambrasio, R. No Language but a Cry. New York: Doubleday & Company, 1970. Summary: A story of an autistic child.

Delacato, Carl. The Ultimate Stranger: The Autistic Child. New York: Doubleday & Company, 1974. PP. 226. Summary: This book describes a personal journey into an autistic child's world. Cost: Hardcover, $8.95.

Everard, Margaret P. An Approach to Teaching Autistic Children. Pergamon Press, 1976. PP. 158.

Hazloff, M.A. Reaching the Autistic Child: A Parent Training Program. Champaign, Illinois: Research Press, 1973. Summary: Excellent for parents.

Hundley, Joan Martin. The Small Outsider. New York: St. Martin's Press, 1971. PP. 150.

Kanner, Leo. "Autistic Distrubance of Affective Contact." Nervous Child, Volume 2, PP. 217-250, 1943. Summary: This is one of the first looks at autism. The article is available on microfilm at the downtown library in Chicago.

Kaufman, Barry Neil. A Miracle To Believe In. New York: Doubleday & Company, Inc., 1981. PP. 313. Cost: $13.95. Summary: This book deals with another child Barry and Suzi Kaufman worked with. There are many miracles in this book! This book and all the others listed by Kaufman can be purchased by: The Option Indigo Press
P.O. Box 388
Rosyln, New York 11576

Kaufman, Barry Neil. Giant Steps. Fawcett Crest Books: McCann & Geoghegan, 1980. Cost: $10.95. Summary: Barry Neil Kaufman writes about the young people and adults he has encouraged and worked with. This book is filled with love and promise.

Kaufman, Barry Neil & Kaufman, Suzi Lyte. A Land Beyond Tears. Doubleday & Company, Inc., 1982. Cost: $13.95. Summary: The Kaufmans' deal in this book with another hopeless situation: Death and Dying. I put this on the list because it is a very enlightening book and teaches all of us a positive attitude.

Kaufman, Barry Neil. A Sense Of Warning. Delacorte Press/Eleanor Friede, 1983. Cost: $15.95. Summary: This book was just published. It deals with self. This is a must for all people!

Kaufman, Barry Neil. To Love Is to Be Happy With. Fawcett Crest Books, McCann & Geoghegan, 1978. Cost: $11.95. Summary: This book outlines the Option Process used by Barry and Suzi Kaufman with autistic children. This book is a beautiful gift to all of us.

Kaufman, Barry Neil. Son-Rise. New York: Harper & Row, Publishers, 1976. PP. 221. Cost: $3.95. Summary: The award winning record of Barry and Suzi Kaufman's son Raun.

Kozloff, Martin A. Reaching the Autistic Child. Illinois: The Research Press, 1973.

Lovaas, O. Ivar. The Autistic Child: Language Development Through Behavior Modification. New York: Irvington Publishers, 1977. PP. 246.

Morley, Robert. Book of Bricks. G.P. Putnam & Sons: 200 Madison Avenue New York, N.Y. 10016, 1979. Cost: $9.95.

Oppenheim, Rosalind C. Effective Teaching Methods for Autistic Children. Illinois: Thomas Press, 1974. Summary: Deals with the whole teaching aspect with autistic children.

Paluzny, Maria J. Autism: A Practical Guide for Parents and Professionals. New York: Syracuse University Press, 1979. PP. 179. Cost: $9.95. Summary: Excellent guide for all parents, teachers, and other interested in the area of autism.

Park, Clara Claiborne. The Siege. Colin Smythe, Gerrards Cross, 1968. Cost: $14.95(Hard cover) & $8.95 (Paperback). Summary: A mother's story of the first eight years in the life of her autistic daughter. **There is a new addition now that has a epilogue written fifteen years after the original book which updates the story.

Rimland, Bernard. Infantile Autism. New York: Appleton-Century-Crofts, 1964. PP. 282.

Ritvo, E R. Autism: Diagnosis, Current Research and Management. New York: Halsted Press, 1976. Summary: This book looks into the more current trends in the research of autism.

Special Learning Corporation. Readings In Autism. Chicago, Illinois: Redson Rice Corporation, 1978. Cost: $9.95.

Tustin, F. Autistic States in Children. Boston: Routledge & Paul Kegan, 1981. Cost: $27.50 Hardcover. Summary: PP. 276 which deals with the characteristics of autistic children.

Wing, Lorna. Early Childhood Autism. Pergamon Press, Ltd., 1976. PP. 342. Summary: This book deals specifically with infantile autism.

TAPES AVAILABLE ON AUTISM:

1. "An Evening With Barry and Suzi Kaufman." Tape I and Tape II. These are live recordings. They are cassette tapes.

   Tape I: A warm, yet intense presentation by Barry Neil Kaufman at the Glendale Science of the Mind Center in California.

   Tape II: The question and answer part of the evening with both Barry and Suzi Kaufman.

The tapes can be purchased through: The Option Indigo Press
P.O. Box 388
Rosyln, New York 11576

Cost: Tape I - $8.95 Tape I & II - $17.95(as a set)

WHERE TO GET HELP OR SUPPORT WHEN DEALING WITH AUTISM

Following is a list of agencies, associations, and societies which offer assistance to parents of autistic children, as well as, others that want to get informed on the topic of autism.

1. National Society for Autistic Children
   1234 Massachusetts Avenue, N.W.
   Washington, D.C. 20005

2. Option Living
   P.O. Box 388
   Roslyn, New York 11576

3. American Medical Association
   535 North Dearborn Street
   Chicago, Illinois 60610
   Phone: (312) 751-6000
   Mary E. Danaher, Senior Research Associate

4. American Academy of Pediatrics, Inc.
   1801 Hinman
   Evanston, Illinois
   Chicago Telephone # 273-3346

5. Crisis Line for Adults with Emergency pressures or problems: Call (312)-769-6200 and ask for the CRISIS WORKER. 24 hours a day, 7 days a week.

6. National Society for Autistic Children in Washington - This is a special society which you can call for information and help. # 1-202-783-0125

7. AUTISM HOTLINE - 304-523-8269 "or" 304-525-8014.
   Ruth Christ Sullivan, Director.

8. Autism Services Center
   101 Richmond Street
   Huntington, West Virginia 25702

9. The Council For Exceptional Children(CEC)
   1920 Association Drive
   Reston, Virginia 22091

PACKET

AUTISM HOTLINE

A Project of
Autism Services Center
101 Richmond Street
Huntington, WV 25702

304-523-8269
OR
304-525-8014

Ruth Christ Sullivan, Director

Purpose

- Advocacy for parents and professionals who work with and for persons with autism.
- Technical assistance in autism for Protection and Advocacy systems.

How It Works

For Parents and Professionals

- A resource as near as the telephone for those who care for and about autistic persons. Information, consultation, and training services are available. Call or write the Autism Hotline at the address above. Persons living in West Virginia may call COLLECT.*
- Cooperates and assists groups or individuals interested in these services, including parents, teachers, other professionals, organizations, DD Councils, and P & A systems.

For P & A Systems

- Can help with case management for autistic persons; a resource for all P & A systems faced with difficult and unique needs of clients who are autistic.

*The West Virginia Hotline project is funded under a one year (July 1982 - July 1983) contract with the Division of Behavioral Health Services of the West Virginia Department of Health and a grant from the Gannett Foundation.

Autism Services Center is a private, nonprofit, tax exempt agency serving those who care for and about autistic people of all ages.

IMPLICATIONS

I have spent much time sitting up at my desk, well into the wee hours of the morning, researching Early Childhood Autism. I hope the topic fascinates you as much as it does me. Now I come to the point where I tell how I feel, what all this information broadcasts to me. The best way to relay my feelings and beliefs about autism is through a real life experience I had a few weeks ago. I received a call from a close friend of mine a few weeks ago, she also works with young children. I will refer to her as Mary. She attends a University out of state. Anyway, Mary told me that in one of her classes they had a film about an autistic child. I was grateful that she remembered that I was researching autism. Mary began to tell me about how disturbing the film was to her. She went into her feelings deeper by explaining that if she were ever to have an autistic child of her own she would put the child in an institution. Well at this point my blood pressure had raised up pretty high. I thought, my God that is a human life. Yet, I remembered that I must respect other peoples opinions. She went on to tell me that she would be so upset and that she could not live with a child who did not communicate. All I could keep thinking was, how could you throw a child in a far away place. She had actually been telling me that it would be better to lock the child away because it would be embarrasing to bring home a child that is not perfect. Then Mary went on to ask me what I would do and how I felt. After I picked up my heart off the floor and put it back in place, I responded to her questions. T told Mary that I had worked with these special children and have seen how far they can grow when given the opportunity. I said that, personally, "autistic" was just a label and I would not see that child as any less than the so called "normal" child. I am not one to tell someone else how to feel about something, so I explained to Mary that each person is his/her own judge. I told her that she should live her life the way she feels is best. Yet in the back of my mind, I couldn't help

but question her feelings. I heard in her voice the values and feelings of society being reflected. She was muttering the social attitudes that surround us today.

I feel that as teachers or parents we owe to all children one thing above all others, the opportunity to live and experience life. No one took that opportunity away from me and I would never take it away from any other child. I feel that most important when dealing with the autistic child, or any child, is putting their needs on top. Also, attitude counts. You must have an attitude which is positive. If you think a child will never be anything, he won't. Parental attitudes are also important. I admire Barry and Suzi Kaufman for their attitudes. They lived the phrase: TO LOVE IS TO BE HAPPY WITH. I strongly believe in this attitude. Out of all the children I have worked with the ones that made me the proudest, were the ones I struggled the most with. I do not mean a physical struggle, I am referring to an attitude struggle. I had to fight like hell to keep on trying, but the outcome was always worth it.

Early intervention with autistic children is quite important. This topic shows how autism affects Early Childhood Education. I hope that in the future doctors, teachers, social workers, psychologists, and all others involved will present stronger programs which include early intervention as a goal. Then there comes the controversy of quality or quantity time. Barry and Suzi Kaufman spent all day working with their son. I refer to their work often because I believe in it. In my opinion you need both equally. Quantity and quality time involvement are both important.

In my opinion, these children are not mental or crazy or strange. They are special flowers in a vast garden. They need life space, just as we do. And most important of all, they deserve a fighting chance to make it.

CONCLUSION

The study of Early Childhood Autism has progressed greatly since it was first described by Leo Kanner. In this paper I have traced the topic of Early Childhood Autism from its roots until the present. I have examined different views, treatments, definitions, and therapies. I have also included major advancements made in the research of autism. There still remains questions about autism. Such as the cause, we still do not know the cause of autism. Bernard Rimland and Leo Kanner set a good stage for diagnosing autism by lending us the behavioral signs and symptoms of autism. We also have established certain treatments which work with autistic children, such as behavior modification. Currently we are becoming more home based in terms of treatment. Future planning will not stop here. I am hopeful that the study of autism will progress much more rapidly in the future than it did in the past.

Early Childhood Education includes all young children. It is unlikely that teachers will not come across some children who have or had developmental problems. At one time autism was linked to schizophrenia, as pointed out in the beginning of the paper. I recently read a article in the newspaper that shared a study in England that is testing the possiblity that schizophrenia is contagious. It was clear in this article that autism and schizophrenia are now treated separately. There are many personal narratives listed in the bibliography of books that are useful and valuable to read. These narratives are written from real life experiences, which are are best to learn from. When you read the older ones you will automatically see the difference in the past views from the present views. In terms of diagnosis the child was thought to have childhood schizophrenia in the past and early intervention was ruled out. Early childhood was not as important as it is now. Children were not important in the past, we have worked long and hard to make a child count in this world. We also have found out how valuable the early years of a child's life are and that the best time for

treatment of autism is during the early years. As teachers who work with young children, we will need to know the advancements and methods of educating the autistic child. Even if we do not work with autistic children we must still be aware of the past developments and the current trends in educating and dealing with them. I hope that this paper has helped you understand autism better. Please don't let your knowledge of this topic stop here because it is a most valuable topic to the future of children.

BIBLIOGRAPHY

Alvin, Juliette. Music Therapy For The Autistic Child. London: Oxford University Press, 1978. PP. 118.

Ames, Louise Bates and Ilg, Frances. Child Behavior. New York: Harper & Row, Publishers, 1955. PP. 371.

Bettelheim, Bruno. The Empty Fortress. New York: Free Press, 1967. PP. 784.

Bettelheim, Bruno. Truants From Life. New York: Free Press, 1955. PP. 511.

Bower, Bruce. "Autism: A World Apart." Science News, Volume 119 (March 7, 1981). PP. 154-155.

Churchill, Don W. Language Of Autistic Children. Washington, D.C.: V.H. Winston & Sons, 1978. PP. 139.

Delacato, Carl. The Ultimate Stranger: The Autistic Child. New York: Doubleday, 1974. PP. 226.

Everard, Margaret P. An Approach to Teaching Autistic Children. Pergamon Press, 1976. PP. 158.

Fackelmann, K.A. "Diet Drug May Help Autism." Science News, Volume 122 (July 24, 1982.) P. 54.

Hundley, Joan Martin. The Small Outsider. New York: St. Martin's Press, 1971. PP. 50.

Kauffman, James M. & Hallahan, Daniel P. Exceptional Children: Introduction to to Special Education. Prentice Hall Inc., 1982. PP. 473.

Kaufman, Barry Neil. A Miracle To Believe In. New York: Doubleday & Company, Inc., 1981. PP. 313.

Kaufman, Barry Neil. To Love Is To Be Happy With. Fawcett Crest Books, McCann & Geoghegan, 1978.

Kaufman, Barry Neil. Son-Rise. New York: Harper & Row, Publishers, 1976. PP. 221.

Lovaas, O. Ivar. The Autistic Child: Language Development Through Behavior Modification. New York: Irvington Publishers, 1977. PP. 246.

Paluzny, Maria J. Autism: A Practical Guide for Parents and Professionals. New York: Syracuse University Press, 1979. PP. 179.

Rimland, Bernard. Infantile Autism. New York: Appleton-Century-Crofts, 1964. PP. 282.

Ritvo, Edward R. "Autism: It May Be A Genetic Defect." Newsweek, July 27, 1981, P. 63.

Special Learning Corporation. Readings In Autism. Guilford, Connecticut: Special Learning Corporation, 1978.

Sullivan, Ruth Christ. "Siblings of Autistic Children." Journal of Autism and Developmental Disorders. Volume 9, No. 3, 1979. PP. 287-298.

Sullivan, Ruth Christ. "What Does Deinstitutionalization Mean for Our Child?" Journal of Autism and Developmental Disorders, Volume 11, No. 3, 1981. PP. 347-356.

Sullivan, Ruth Christ. "Why Do Autistic Children...?" Journal Of Autism and Developmental Disorders. Volume 10, No. 2, 1980. PP. 231-241.

The Council for Exceptional Children. Tommy: A Treatment Study Of An Autistic Child. CEC, 1979. P. 52.

Wing, Lorna. Early Childhood Autism. Pergamon Press Ltd., 1976. PP. 342.

Yahraes, Herbert. New Light On Autism and Other Puzzling Disorders Of Childhood. U.S. Department Of Health, Education, and Welfare, 1979. DHEW Publication Number (ADM) 78-639.